



# Denominators for Outpatient Dialysis

## Census Form – completed once per month

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\* required for saving

Record the number of chronic hemodialysis patients who received hemodialysis at your center on the first two working days of the month. Count each patient only once. If a patient has both an implanted access (graft or fistula) and a catheter, count this patient as having the catheter.

Facility ID# :

\*Location code:

\*Month:

\*Year:

*Vascular Access Type	*Number of Chronic Hemodialysis Patients
Graft	
Fistula	
Temporary catheter (nontunneled, noncuffed)	
Permanent catheter (tunneled, cuffed)	
Port access device (e.g., Lifesite)	
<b>*Total patients</b> (sum of all patients listed above)	

Optional fields:

Label	_____	_____	_____	_____	_____
Data	_____	_____	_____	_____	_____

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Public reporting burden of this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC, Reports Clearance Officer, 1600 Clifton Rd., MS D-74, Atlanta, GA 30333, ATTN: PRA (0920-0666).

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